



SUPERVISORY VISITS FOR CENTERS WITH MULTIPLE FACILITIES

Reference: 226.15 Centers with multiple facilities must review each facility three times each year.

Institution Name [Main Site or Administrative Office]: _____

Facility being visited: _____

Date: _____ Supervisor's Arrival Time: _____ Supervisor's Departure Time: _____

1. Meal service observed: _____ Breakfast _____ Lunch _____ Supper _____ Snack

2. Number of children served: _____ Number of caregivers present: _____

Complete this chart for the meal observed:

Food Component	Foods Served	Amount of Food Prepared
A. Milk as a beverage		
B. Vegetable/Fruit Serve 1 or more at Breakfast Serve 2 or more at Lunch/Supper		
C. Bread and Grains		
D. Meat and Beans or Alternate		
E. Additional Foods		

Check applicable box to evaluate each item:	Yes	No
A. Meal Requirements - Did meal or snack meet required meal components?		
B. Temperatures: Freezer temp is _____. Refrigerator temp is _____. Are these temps within range? 0° F or less 33 - 40° F		
C. Food Safety - Are tables and food preparation surfaces sanitized before and after use?		
D. Dry Storage - clean, food items covered & stored 6" off of the floor?		
E. Daily Records - Meal Participation Records - Are children counted at the time of meal service? Are the Meal Participation Records current through today's date? Are Recipes, Food Production Records or Food Delivery Receipts complete through yesterday? Attendance Records – Does attendance justify today's meal counts?		

5. List any problems, questions or other items for attention.

Supervisor's signature: _____ Date: _____